

BEFORE THE DEPARTMENT OF PUBLIC
HEALTH AND HUMAN SERVICES OF THE
STATE OF MONTANA

In the matter of the adoption of Rules I)	NOTICE OF PUBLIC HEARING
through IV and amendment of ARM)	ON PROPOSED ADOPTION
37.114.101, 37.114.201, 37.114.203,)	AND AMENDMENT
37.114.204, 37.114.205, 37.114.312,)	
37.114.313, 37.114.314, 37.114.315,)	
37.114.503, 37.114.504, 37.114.506,)	
37.114.509, 37.114.510, 37.114.515,)	
37.114.516, 37.114.518, 37.114.519,)	
37.114.521, 37.114.522, 37.114.525,)	
37.114.527, 37.114.528, 37.114.530,)	
37.114.534, 37.114.537, 37.114.539,)	
37.114.540, 37.114.542, 37.114.548,)	
37.114.555, 37.114.557, 37.114.558,)	
37.114.560, 37.114.561, 37.114.563,)	
37.114.565, 37.114.566, 37.114.568,)	
37.114.570, 37.114.573, 37.114.575,)	
37.114.577, 37.114.579, 37.114.588,)	
37.114.589, 37.114.591, 37.114.592,)	
37.114.595, 37.114.1002, and)	
37.114.1005 pertaining to the Control)	
of Communicable Diseases)	

TO: All Interested Persons

1. On July 12, 2006, at 4:00 p.m., a public hearing will be held in the auditorium of the Department of Public Health and Human Services Building, 111 N. Sanders, Helena, Montana to consider the proposed adoption and amendment of the above-stated rules.

The Department of Public Health and Human Services will make reasonable accommodations for persons with disabilities who need an alternative accessible format of this notice or provide reasonable accommodations at the public hearing site. If you need to request an accommodation, contact the department no later than 5:00 p.m. on July 3, 2006, to advise us of the nature of the accommodation that you need. Please contact Dawn Sliva, Office of Legal Affairs, Department of Public Health and Human Services, P.O. Box 4210, Helena, MT 59604-4210; telephone (406)444-5622; FAX (406)444-1970; e-mail dphhslegal@mt.gov.

2. The rules as proposed to be adopted provide as follows:

RULE I CHICKENPOX (VARICELLA) (1) A confirmed or probable case must be excluded from school, medical offices, and other public places and instructed to avoid contact with individuals who are susceptible until vesicles become

dry.

(2) Susceptible contacts should be evaluated and counseled regarding the advisability of and recommendations for post-exposure vaccination.

(3) Susceptible contacts ineligible for immunization and determined to be at high-risk for complications should be promptly evaluated for consideration whether varicella-zoster immune globulin (VZIG) administration should occur.

AUTH: 50-1-202, MCA

IMP: 50-1-202, MCA

RULE II SEVERE ACUTE RESPIRATORY SYNDROME (SARS)

(1) Whenever a probable or confirmed case exists:

(a) the case must be isolated in a manner approved by both the department and the local health officer, and isolation must be imposed until the case is no longer considered infectious; and

(b) those who are identified as having been contacts with the case must be monitored for fever by the local health officer for ten days following their last contact with the case.

(2) A compliance order must be issued by the local health officer to each contact under surveillance that requires the contact to:

(a) monitor and record the contact's temperature twice daily;

(b) remain in the contact's local community; and

(c) daily report the contact's health status to the person designated in the order.

(3) Contacts reporting or identified with two successive temperature readings equal to or greater than 101°F must be instructed to remain home until the local health officer arranges immediate transportation to a facility approved by both the department and the local health officer for evaluation of the contact's condition.

(4) If symptoms consistent with SARS are identified by a health care provider, the patient will be subject to (1)(a).

(5) If no symptoms develop, or symptoms consistent with the development of SARS are attributed to a non-SARS etiology, the contact may be released from monitoring requirements with the approval of the local health officer.

AUTH: 50-1-202, MCA

IMP: 50-1-202, MCA

RULE III SMALLPOX (1) Whenever a probable or confirmed case exists:

(a) the case must be isolated in a facility approved by both the department and the local health officer and isolation must be imposed until all scabs are separated and the case is no longer considered infectious; and

(b) those who are identified as contacts of the case or contacts of another contact of the case must be offered vaccination, and:

(i) if not vaccinated, must be quarantined and monitored for fever by the local health officer for 18 days following their last contact with the case or contact; or

(ii) if vaccinated, must be monitored for fever for 14 days following physical evidence of successful vaccination.

(2) A compliance order must be issued by the local health officer to each individual described in (1)(b) who is under surveillance that requires that individual to:

- (a) monitor and record the individual's temperature twice daily;
- (b) remain in the individual's local community; and
- (c) daily report the individual's health status to the person designated in the order.

(3) An individual described in (1)(b) who reports or is identified with two successive temperature readings equal to or exceeding 101°F must be instructed to remain home until the local health officer arranges immediate transportation to a facility designated by the local health officer for evaluation of the individual's condition.

(4) If an individual with a fever as described in (3) develops a rash, the individual will be subject to (1)(a).

(5) If no rash develops within five days after the onset of fever and the fever is diagnosed as being caused by recent vaccination or some other nonsmallpox etiology, the individual may be released to their home, where compliance with the terms of the compliance order required by (2) must be continued.

(6) An investigation must be conducted by the department and the local health officer to identify the source of exposure, and surveillance for additional cases must be initiated.

AUTH: 50-1-202, MCA

IMP: 50-1-202, MCA

RULE IV INCORPORATION BY REFERENCE (1) The department adopts and incorporates by reference the following publications:

(a) The "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", (18th edition, 2004), which lists and specifies control measures for communicable diseases. A copy of the "Control of Communicable Diseases Manual" may be obtained from the American Public Health Association, 800 I Street NW, Washington, DC 20001.

(b) The "Guideline for Isolation Precautions in Hospitals" (1996), which specifies precautions that should be taken to prevent transmission of communicable diseases for cases admitted to a hospital or other health care facility. A copy of the guideline may be obtained from the National Technical Information Service, U.S. Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161, phone: (703) 487-4650. Any orders should refer to the publication number PB96138102 for the "Guideline for Isolation Precautions in Hospitals" (1996).

(c) The "Sexually Transmitted Diseases Guidelines for Treatment 2002" published by the U.S. Centers for Disease Control and Prevention in the May 10, 2002, Morbidity and Mortality Weekly Report, volume 51, which specify the most currently accepted effective treatments for sexually transmitted diseases. A copy of the 2002 guidelines is available from the Department of Public Health and Human Services, Public Health and Safety Division, HIV/STD Section, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951, phone: (406) 444-3565.

AUTH: 50-1-202, MCA

IMP: 50-1-202, MCA

3. The rules as proposed to be amended provide as follows. Matter to be added is underlined. Matter to be deleted is interlined.

37.114.101 DEFINITIONS Unless otherwise indicated, the following definitions apply throughout this chapter:

~~(1) "Blood and body fluid precautions" mean the following requirements to prevent spread of disease through contact with infective blood or body fluids:~~

~~(a) If soiling with blood or body fluids is likely, gowns must be used to cover clothes, worn only once, and laundered.~~

~~(b) Single-use gloves must be used if blood or body fluids, mucous membranes, or non-intact skin will be touched, items or surfaces soiled with blood or body fluids handled, and for performing vascular access procedures other than venipuncture; the gloves must be changed before touching another person and discarded in a manner preventing contact with them thereafter. (It is recommended, though not required, that single-use gloves coupled with proper aseptic procedures also be used for performing venipuncture.)~~

~~(c) Hands must be washed immediately after gloves are removed or if they are potentially contaminated with blood or body fluids and before touching another person.~~

~~(d) Articles contaminated with blood or body fluids must be discarded or disinfected.~~

~~(e) Injuries from needles or other sharp devices must be avoided; used needles must not be recapped, bent, or broken by hand, removed from disposable syringes, or otherwise manipulated by hand; after use, disposable syringes and needles, scalpel blades, and other sharp items must be placed in a prominently labeled, puncture-resistant container for disposal, located as closely as practicable to the use area; large-bore reusable needles must be placed in such a container for transport to the reprocessing area.~~

~~(f) If a needle-stick injury occurs, the injured person must be evaluated immediately to determine if hepatitis prophylaxis is needed or human immunodeficiency virus is a concern.~~

~~(g) Any blood spills must be cleaned up promptly with a solution of 5.25% sodium hypochlorite (for example, regular chlorox or purex bleach) diluted 1:10 with water.~~

~~(h) A case must be restricted to a private room if the case's hygiene is poor, i.e., the case does not wash hands after touching infective material, contaminates the environment with infective material, or shares contaminated articles with other individuals who as yet have not contracted the disease in question; such a person may share a room with anyone else infected with the same organism.~~

~~(i) Masks and protective eyewear or face shields must be worn during procedures that are likely to generate droplets of blood or other body fluids.~~

~~(j) In areas where resuscitation is likely to be practiced (e.g. emergency rooms), mouthpieces, resuscitation bags, or other ventilation devices must be available.~~

~~(k) No one who has an exudative lesion or weeping dermatitis in an area likely to be touched may directly care for a patient or handle patient-care equipment.~~

~~(2) "Carrier" means a person or animal who harbors a specific infectious agent without discernible illness and serves as a potential source of infection. A carrier may be "incubatory" (just before onset), "convalescent" (after clinical recovery), or "healthy" (no apparent illness at any time). The carrier state may be temporary or permanent.~~

~~(3) (1) "Case" means a person who is confirmed or suspected to have a reportable disease or condition as listed in ARM 37.114.203.~~

~~(4) (2) "Clean" means to remove infectious agents and/or organic matter from surfaces, by scrubbing and washing as with hot water and soap or detergent, infectious agents and organic matter on which and in which infectious agents and/or organic matter may be able to live and remain virulent, by scrubbing and washing as with hot water and soap or detergent.~~

~~(5) (3) "Communicable disease" means an illness due or suspected to be due to a specific infectious agent or its toxic products, which results from transmission of that agent or its products to a susceptible host, directly or indirectly.~~

~~(6) (4) "Concurrent disinfection" means the use of a method which will destroy any harmful infectious agents present immediately after the discharge of infectious material from the body of an infected person, or after the soiling of articles with such infectious discharges before there is opportunity for any other contact with them.~~

~~(7) (5) "Contact" means a person or animal that ~~has~~ may have had an opportunity to acquire an infection due to ~~it's~~ the contact's association with an suspected or confirmed infected person or animal or a contaminated environment.~~

~~(8) (6) "Contamination" means the presence of a disease-causing agent upon a living body surface or within or upon any inanimate article or substance.~~

~~(7) "Control of Communicable Diseases Manual" means the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", (18th edition, 2004). A copy of the "Control of Communicable Diseases Manual" may be obtained from the American Public Health Association, 800 I Street NW, Washington, DC 20001.~~

~~(9) (8) "Department" means the Department of Public Hhealth and Human Services.~~

~~(10) "Drainage and secretion precautions" means the following requirements to prevent spread of disease through contact with purulent material from an infected body site:~~

~~(a) If soiling by the infective material is likely, gowns must be worn, used only once, and laundered.~~

~~(b) Single-use gloves must be used if infective material will be touched, and discarded in a manner preventing contact with them thereafter.~~

~~(c) Anyone touching the case or potentially contaminated articles must wash their hands immediately afterward and before touching another person.~~

~~(d) Any article contaminated with infective material must be discarded or disinfected in a manner which prevents contact with the material thereafter.~~

~~(11) "Enteric precautions" mean the following requirements to prevent spread of disease through feces:~~

~~(a) Gowns must be used to cover clothes if soiling is likely, worn only once, and laundered.~~

~~(b) Single-use gloves must be used if infective material will be touched, and discarded in a manner preventing contact with them thereafter.~~

~~(c) Hands must be washed after touching the case or potentially contaminated articles and before touching another person.~~

~~(d) Articles contaminated with infective material must be either thoroughly disinfected before they are removed from the infected person's room, or bagged, labeled, and burned or decontaminated.~~

~~(e) A case must be restricted to a private room if the case's hygiene is poor, i.e., the case does not wash hands after touching infective material, contaminates the environment with infective material, or shares contaminated articles with other individuals who as yet have not contracted the disease in question; such a person may share a room with anyone else infected with the same organism.~~

(9) "Guideline for Isolation Precautions in Hospitals" means the guideline published by the federal Government Printing Office. A copy of the guideline may be obtained from the National Technical Information Service, U.S. Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161, phone: (703)487-4650. Any orders should refer to the publication number PB96138102 for the "Guideline for Isolation Precautions in Hospitals" (1996).

~~(42)~~ (10) "Health care" means health care as defined in 50-16-504, MCA.

~~(43)~~ (11) "Health care facility" is a facility as defined in 50-5-101, MCA.

~~(44)~~ (12) "Health care provider" means a health care provider as defined in 50-16-504, MCA.

~~(45)~~ (13) "HIV infection" means infection with the human immunodeficiency virus.

~~(46)~~ (14) "Household contact" is a person or animal living within the household of an infected person.

~~(47)~~ (15) "Infected person" means a person who harbors an infectious agent and who has either manifest disease or inapparent infection whether or not illness is currently discernible.

~~(48)~~ (16) "Infection" means the entry and development or multiplication of an infectious agent in the body of man or animals. ~~Infection is not synonymous with infectious disease; the result may be inapparent or manifest. The presence of living infectious agents on the exterior surface of the body or upon articles of apparel or soiled articles is not infection, but contamination of such surfaces and articles.~~

(17) "Infection control precautions" means those measures necessary to prevent the transmission of disease from an infected person to another person, taking into consideration the specific suspected or confirmed communicable disease and the specific circumstances of the case. The infection control precautions required for a case admitted to a hospital or other health care facility are those measures identified as isolation precautions applicable to the specific disease in the "Guideline for Isolation Precautions in Hospitals" (1996) adopted in [Rule IV]. The infection control precautions required for a case not admitted to a hospital or other health care facility are those measures identified as methods of control applicable to the specific disease in the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", (18th edition, 2004), adopted in

[Rule IV]. Infection control precautions are required, as stated in this rule, whether or not the person is subject to isolation.

(49) (18) "Infectious agent" means an organism, chiefly a microorganism, but including a helminths, that is capable of producing an infection or infectious disease.

~~(20)~~ (19) "Infectious disease" means a clinically manifest disease of man or animals resulting from an infection.

~~(21)~~ (20) "Infectious person" means a person from whom another person may acquire an infectious agent by touch or proximity.

~~(22)~~ (21) "Isolation" means separation during the period of communicability of an infected or probably infected person from other persons, in places and under conditions approved by the department or local health officer and with observance of all applicable infection control precautions. ~~preventing the direct or indirect conveyance of the infectious agent to persons who are susceptible to the infectious agent in question or who may convey the infection to others. Isolation may be either modified or strict, as defined below:~~

~~(a) "Modified isolation" means instruction by either the department, a local health officer, or an attending physician, directed to the infected person, any members of that person's family, and any other close contacts, in accordance with "Guideline for Isolation Precautions in Hospitals" published by the government printing office, published in 1996, setting restrictions on the movements of and contacts with the infected person and specifying whichever of the following are also appropriate:~~

~~(i) tuberculosis isolation;~~

~~(ii) respiratory isolation;~~

~~(iii) enteric precautions;~~

~~(iv) drainage and secretion precautions;~~

~~(v) blood and body fluid precautions;~~

~~(b) "Strict isolation" includes the following measures:~~

~~(i) An infected person must be isolated behind a closed door in a separate bed in a room protected from potential vectors.~~

~~(ii) A person caring for an infected person must avoid coming into contact with any other person until every precaution required has been taken to prevent the spread of infectious material.~~

~~(iii) Each person caring for an infected person must wear a washable outer garment, mask, and gloves, and must thoroughly wash their own hands with soap and hot water after handling an infected person or an object an infected person may have contaminated. Before leaving the room of an infected person, a person caring for an infected person must remove the washable outer garment and hang it in the infected person's room until the garment and room are disinfected.~~

~~(iv) An object which may have been contaminated by an infected person must be either thoroughly disinfected before it is removed from the infected person's room or bagged, labeled, and burned or decontaminated.~~

~~(v) Disposal of feces and urine of an infected person must be made by flushing them down a toilet attached to a municipal or other sewage system approved by the department.~~

~~(23)~~ (22) "Laboratorian" means any person who supervises or works in a laboratory.

(23) "Local health officer" means a county, city, city-county, or district health officer appointed by a local board of health. As used in these rules, the term will include the authorized representative of a local health officer.

(24) "Outbreak" means an incidence of a disease or infection significantly exceeding the incidence normally observed in a population of people over a period of time specific to the disease or infection in question.

(25) "Physician" means a person licensed to practice medicine in any jurisdiction in the United States or Canada.

(26) "Potential outbreak" means the presence or suspected presence of a communicable disease in a population where the number of susceptible persons and the mode of transmission of the disease may cause further spread of that disease.

(27) "Quarantine" means those measures required by a local health officer or the department to prevent transmission of disease to or by those individuals who have been or are otherwise likely to be in contact with an individual with a communicable disease.

(28) "Reportable disease" means any disease, the occurrence or suspected occurrence of which is required to be reported by ARM 37.114.203 ~~to be reported~~.

~~(29) "Respiratory isolation" means:~~

~~(a) the patient must be in a private room;~~

~~(b) any person in close contact with the patient must wear a mask;~~

~~(c) any person caring for the patient must thoroughly wash their hands after touching the patient or contaminated articles and before touching another person; and~~

~~(d) articles contaminated with infective material must be discarded or bagged, labeled for decontamination, and decontaminated.~~

~~(30) (29) "Sensitive occupation" means employment in direct care of children, the elderly, or individuals who are otherwise at a high risk for disease or where disease spread could occur due to the nature of the work~~ an occupation described in ARM 37.114.301.

~~(31) (30) "Sexually transmitted disease" means human immunodeficiency virus (HIV) infection, syphilis, gonorrhea, chancroid, lymphogranuloma venereum, granuloma inguinale, or chlamydial genital infections.~~

(31) "Sexually Transmitted Diseases Treatment Guidelines 2002" means the guidelines published by the U.S. Centers for Disease Control and Prevention. A copy of the 2002 guidelines is available from the Department of Public Health and Human Services, Public Health and Safety Division, HIV/STD Section, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951, phone: (406)444-3565.

(32) "Surveillance" means scrutiny of all aspects of occurrence and spread of a disease that are pertinent to effective control.

(33) "Susceptible" means having insufficient resistance against a disease and consequently liable likely to contract the disease if exposed.

~~(34) "Tuberculosis isolation" means:~~

~~(a) the patient must be in a private room which has ventilation to the outside and away from an enclosed area;~~

~~(b) if the infective organism can be spread by cough, a mask must be worn by anyone entering the patient's room; if the organism can be spread by fluid, a gown and gloves must be worn;~~

~~(c) any person caring for the patient must wash their hands after touching the patient or potentially contaminated articles and before touching another person; and~~

~~(d) all potentially contaminated articles must be cleaned, disinfected, or discarded.~~

~~(35) The department hereby adopts and incorporates by reference the "Guideline for Isolation Precautions in Hospitals" published by the Government Printing Office in 1996, which specifies precautions that should be taken to prevent transmission of communicable diseases. A copy of the "Guideline" may be obtained from the National Technical Information Service, U.S. Department of Commerce, 5285 Port Royal Road, Springfield, Virginia 22161, phone: (703)487-4650. Any orders should refer to the publication number PB96138102 for the Guideline for Isolation Precautions in Hospitals (1996).~~

AUTH: 50-1-202, 50-2-116, 50-17-103, MCA

IMP: 50-1-202, 50-17-103, 50-18-101, MCA

37.114.201 REPORTERS (1) With the exception noted in (3) below, any person, including but not limited to a physician, dentist, nurse, medical examiner, other health care practitioner, administrator of a health care facility, public or private school administrator, ~~city health officer~~, or laboratorian who knows or has reason to believe that a case exists shall immediately report: to the local health officer the information specified in ARM 37.114.205(1) through (2).

~~(a) to the department alone in the case of acquired immune deficiency syndrome (AIDS) or human immunodeficiency virus (HIV) infection, the following information, if available:~~

~~(i) name and age of the case;~~

~~(ii) whether or not the case is suspected or confirmed;~~

~~(iii) name and address of the case's physician; and~~

~~(iv) name of the reporter or other person the department can contact for pertinent information about the case;~~

~~(b) the information specified in ARM 37.114.205(1)(a) through (e) to the county, city-county, or district health officer in every case other than a case of AIDS, HIV infection, Colorado tick fever, or influenza; or~~

~~(c) if the disease in question is Colorado tick fever or influenza, the fact that a case has occurred to the county, city-county, or district health officer.~~

(2) A ~~county, city-county, or district~~ local health officer must submit to the department, on the schedule noted in ARM 37.114.204, the information specified in ARM 37.114.205 concerning each confirmed or suspected case of which the officer is informed.

(3) A state funded anonymous testing site for HIV infection is not subject to the reporting requirement in (1)~~(a) above~~ with regard to HIV testing.

AUTH: 50-1-202, 50-17-103, 50-18-105, MCA

IMP: 50-1-202, 50-2-118, 50-17-103, 50-18-102, 50-18-106, MCA

37.114.203 REPORTABLE DISEASES AND CONDITIONS (1) The following communicable diseases and conditions are reportable:

(a) through (g) remain the same.

(h) Chickenpox;

(h) through (y) remain the same but are renumbered (i) through (z).

~~(z)~~ (aa) Hepatitis A, B (acute or chronic), or non-A non-B C (acute or chronic);

(aa) through (au) remain the same but are renumbered (ab) through (av).

(aw) Severe acute respiratory syndrome (SARS);

(av) remains the same but is renumbered (ax).

(ay) Smallpox;

(aw) through (ay) remain the same but are renumbered (az) through (bb).

(bc) Tickborne relapsing fever;

(bd) Transmissible spongiform encephalopathies;

(az) through (bf) remain the same but are renumbered (be) through (bk).

~~(bg)~~ (bl) An occurrence in a community or region of a case or cases of any communicable disease in the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", 17th edition, 2000 (18th edition, 2004), with a frequency in excess of normal expectancy; and

~~(bh)~~ (bm) Any unusual incident of unexplained illness or death in a human or animal.

~~(2) The department hereby adopts and incorporates by reference the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", 17th edition, 2000, which lists and specifies control measures for communicable diseases. A copy of the "Control of Communicable Diseases Manual" may be obtained from the American Public Health Association, 1015 15th Street NW, Washington, DC 20005.~~

AUTH: 50-1-202, 50-17-103, 50-18-105, 50-18-106, MCA

IMP: 50-1-202, 50-2-118, 50-17-103, 50-18-102, 50-18-106, MCA

37.114.204 REPORTS AND REPORT DEADLINES (1) ~~A county, city-~~ county, or district local health officer ~~or the officer's authorized representative~~ must immediately report to the department by telephone the information cited in ARM 37.114.205(1) through (2) whenever a case of one of the following diseases is suspected or confirmed:

(a) through (f) remain the same.

(g) Severe acute respiratory syndrome (SARS);

(h) Smallpox;

(i) Tularemia;

(g) and (h) remain the same but are renumbered (j) and (k).

~~(2) A county, city-county, or district local~~ health officer or the officer's authorized representative must mail or transmit by a secure electronic means to the department the information required by ARM 37.114.205(1) through (2) for each suspected or confirmed case of one of the following diseases, within the time limit noted for each:

~~(a) On the same day information~~ Information about a case of one of the following diseases should be submitted on the same day it is received by the county, city-county, or district local health officer:

(i) through (xxi) remain the same.

(xxii) An occurrence in a community or region of a case or cases of any communicable disease in the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", 17th edition, 2000 (~~18th edition, 2004~~), with a frequency in excess of normal expectancy.

(b) ~~Within seven calendar days after the date information~~ Information about a case of one of the following diseases should be submitted within seven calendar days after it is received by the ~~county, city-county, or district~~ local health officer:

(i) through (iii) remain the same.

(iv) Chickenpox (varicella);

(iv) through (ix) remain the same but are renumbered (v) through (x).

~~(x) (xi) Hepatitis, A, B (acute or chronic), or non-A non-B C (acute or chronic);~~

(xi) through (xxiii) remain the same but are renumbered (xii) through (xxiv).

(xxv) Tickborne relapsing fever;

(xxvi) Transmissible spongiform encephalopathies;

(xxiv) remains the same but is renumbered (xxvii).

~~(xxv) (xxviii) Tuberculosis; or~~

~~(xxvi) Tularemia; or~~

(xxvii) remains the same but is renumbered (xxix).

(3) ~~By Friday of each~~ Each week during which a suspected or confirmed case of ~~one of the diseases listed below~~ influenza is reported to the ~~county, city-county, or district~~ local health officer, ~~that the officer or the officer's authorized representative must mail or transmit to the department on Friday of that week the total number of the cases of each such disease of influenza reported that week;~~

~~(a) Colorado tick fever; and~~

~~(b) Influenza.~~

(4) ~~Whenever a~~ A laboratory that performs a blood lead analysis, ~~a laboratorian employed at that laboratory must submit to the department, by the 15th day following the month in which the test was performed, a copy of all blood lead analyses performed that month, including analyses in which lead was undetectable.~~

(5) A laboratorian laboratory that performs tuberculosis, hepatitis B surface antigen, or sexually transmitted disease testing must submit to the department, ~~by the 15th day following each month, a report on a form supplied by the department indicating the number of tests with negative or positive results which were done that month for tuberculosis or a sexually transmitted disease for each of those diseases.~~

~~(6) The department hereby adopts and incorporates by reference the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", 17th edition, 2000, which lists and specifies control measures for communicable diseases. A copy of the "Control of Communicable Diseases Manual" may be obtained from the American Public Health Association, 4015 15th Street NW, Washington, DC 20005.~~

AUTH: 50-1-202, 50-17-103, 50-18-105, MCA

IMP: 50-1-202, 50-17-103, 50-18-102, 50-18-106, MCA

37.114.205 REPORT CONTENTS (1) through (1)(d) remain the same.

(2) The information required by (1) ~~of this rule~~ must be supplemented by any

other information in the possession of the reporter which the department requests and which is related to case management and/or investigation of the case.

~~(3) Within 30 days of receiving a completed report of a case with HIV infection or AIDS, the department will:~~

~~(a) remove the name, street address, and any other information that could be used to identify the case from all reports, both paper and electronic;~~

~~(b) generate a number-based unique identifier for the case to be used internally by the department; and~~

~~(c) contact the local health officer of the county where the case resides or the officer's designee to give the officer or designee information about the case and the need for further investigation and/or follow-up.~~

(4) remains the same but is renumbered (3).

~~(5)~~ (4) The name and/or unique identifier of any case with a reportable disease or condition and the name and address of the reporter of any such case are confidential and not open to public inspection.

AUTH: 50-1-202, 50-17-103, 50-18-105, MCA

IMP: 50-1-202, 50-17-103, 50-18-102, 50-18-106, MCA

37.114.312 IMPORTATION OF DISEASE (1) remains the same.

(2) Whenever a person knows or has reason to believe that an infected person, whether or not infectious, has been brought within the boundaries of the state, s/he shall report the name and location of the infected person to the department, with the exception of those individuals who are HIV-positive; in the latter case, only the information described in ARM 37.114.205(2) must be provided to the department.

AUTH: 50-1-202, MCA

IMP: 50-1-202, MCA

37.114.313 CONFIRMATION OF DISEASE (1) Subject to the limitation in (2) below, if a local health officer receives information about a case of any of the following diseases, the officer ~~or the officer's authorized representative~~ must ensure that a specimen from the case is submitted to the department, which specimen will be analyzed to confirm the existence or absence of the disease in question:

(a) through (o) remain the same.

(p) Severe acute respiratory syndrome (SARS);

(q) Smallpox;

(p) through (s) remain the same but are renumbered (r) through (u).

(2) In the event of an outbreak of diarrheal disease, influenza, or measles, analysis of specimens from each case is unnecessary after the disease organism is determined by the department.

(3) A laboratorian or any other person in possession of a specimen from a case of a disease listed in (1)(a) through ~~(s)~~ (u) above must submit it ~~the specimen~~ to the local health officer upon request.

(4) If no specimen from the case is otherwise available and the case refuses to allow a specimen to be taken for purposes of (1), the case will be assumed to be

infected and must comply with whatever control measures are imposed by the department, or the local health officer.

AUTH: 50-1-202, 50-1-204, MCA

IMP: 50-1-202, 50-1-204, MCA

37.114.314 INVESTIGATION OF A CASE (1) Immediately after being notified of a case or an outbreak of a reportable disease, a local health officer ~~or the officer's designee~~ must:

(a) investigate and take whatever steps are necessary to prevent spread of the disease;

(b) ~~(2) if~~ If the local health officer ~~or designee~~ finds that the nature of the disease and the circumstances of the case or outbreak warrant such action, the local health officer must:

(i) ~~(a)~~ (a) examine or ensure that a physician examines any infected person in order to verify the diagnosis;

(ii) ~~(b)~~ (b) make an epidemiologic investigation to determine the source and possible spread of infection;

(iii) ~~(c)~~ (c) take appropriate steps, as outlined in the ~~the~~ "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", ~~17th edition, 2000~~ (18th edition, 2004), to prevent or control the spread of disease; and

(iv) ~~(d)~~ (d) notify contacts ~~(for example, emergency responders)~~ as defined in ARM 37.114.101 of the case and give them the information needed to prevent contracting the disease.

~~(e) (3) whenever~~ Whenever the identified source of a reportable disease or a person infected or exposed to a reportable disease who should be quarantined or placed under surveillance is located outside of the jurisdiction of the local health officer or the officer's designee, the local health officer must:

(i) ~~(a)~~ (a) notify the department or the local health officer of the jurisdiction in which the source or person is located if within Montana; or

(ii) ~~(b)~~ (b) notify the department if the source or person is located outside of Montana.

~~(2) The department hereby adopts and incorporates by reference the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", 17th edition, 2000, which specifies control measures for communicable diseases. A copy of the report may be obtained from the American Public Health Association, 1015 15th Street NW, Washington, DC 20005.~~

AUTH: 50-1-202, 50-2-118, 50-17-103, 50-18-105, MCA

IMP: 50-1-202, 50-2-118, 50-17-103, 50-17-105, 50-18-102, 50-18-107, 50-18-108, MCA

37.114.315 POTENTIAL OUTBREAKS (1) Whenever a disease listed in ARM 37.114.204(1) is confirmed or whenever any other communicable disease listed in the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", ~~17th edition, 2000~~ (18th edition, 2004), or

other communicable disease which constitutes a threat to the health of the public becomes so prevalent as to endanger an area outside of the jurisdiction where it first occurred, the local health officer of the jurisdictional area in which the disease occurs must notify the department and cooperate with the department's epidemiologist or the epidemiologist's representative to control the spread of the disease in question.

~~(2) The department hereby adopts and incorporates by reference the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", 17th edition, 2000, which lists and specifies control measures for communicable diseases. A copy of the "Control of Communicable Diseases Manual" may be obtained from the American Public Health Association, 1015 15th Street NW, Washington, DC 20005.~~

AUTH: 50-1-202, MCA

IMP: 50-1-202, 50-2-118, MCA

37.114.503 ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS) AND HIV INFECTION (1) Whenever human immunodeficiency virus (HIV) infection occurs, ~~blood and body fluid~~ infection control precautions must be used for the duration of the infection.

(2) through (4) remain the same.

AUTH: 50-1-202, 50-2-118, 50-16-1004, MCA

IMP: 50-1-202, 50-2-118, 50-16-1004, MCA

37.114.504 AMEBIASIS (1) Whenever a case of amebiasis occurs:

(a) ~~Enteric~~ Infection control precautions are required.

(b) remains the same.

AUTH: 50-1-202, 50-2-118, MCA

IMP: 50-1-202, 50-2-118, MCA

37.114.506 ANTHRAX (1) Whenever a case of anthrax occurs:

(a) If ~~if~~ skin lesions exist, ~~drainage and secretion~~ infection control precautions must be used until lesions are bacteriologically free of anthrax bacilli; ~~and~~

(b) ~~All~~ all bodily discharges must be concurrently disinfected.

(2) ~~Strict isolation must be imposed upon each case of inhalation anthrax. The local health officer, in collaboration with state authorities, must immediately investigate every case or suspected case in an effort to establish the diagnosis and determine the source of the infection.~~

AUTH: 50-1-202, 50-2-118, MCA

IMP: 50-1-202, 50-2-118, MCA

37.114.509 BRUCELLOSIS (1) Whenever a case of brucellosis occurs:

(a) ~~Drainage and secretion~~ Infection control precautions must be used.

(2) (b) Concurrent disinfection of purulent discharges is necessary.

(c) The local health officer, in collaboration with state authorities, must immediately investigate every case or suspected case in an effort to establish the diagnosis and determine the source of the infection.

AUTH: 50-1-202, 50-2-118, MCA

IMP: 50-1-202, 50-2-118, MCA

37.114.510 CAMPYLOBACTER ENTERITIS (1) Whenever a case of campylobacter enteritis occurs:

(a) Enteric Infection control precautions must be observed.

(2) (b) The local health officer may not allow an infected person to engage in a sensitive occupation as described in ARM 37.114.301 until symptoms of illness resolve and, if determined necessary by the local health officer, evidence is provided that a stool specimens are specimen is clear of the organisms causing campylobacter diarrhea.

AUTH: 50-1-202, 50-2-118, MCA

IMP: 50-1-202, 50-2-118, MCA

37.114.515 CHLAMYDIAL GENITAL INFECTION (1) An individual with a chlamydial genital infection must be directed to undergo appropriate antibiotic therapy and to avoid sexual contact until seven days have elapsed since the commencement of effective treatment prescribed by the ~~centers for disease control and prevention~~ Centers for Disease Control and Prevention in the 1998 guidelines for treatment of sexually transmitted diseases "Sexually Transmitted Diseases Treatment Guidelines 2002".

(2) An individual who contracts the infection must be interviewed by the local health officer or the officer's designee to determine the person's sexual contacts, and those contacts must be provided with appropriate medical treatment.

(3) The department hereby adopts and incorporates by reference the 1998 guidelines for treatment of sexually transmitted diseases published by the U.S. centers for disease control and prevention in the January 23, 1998, Morbidity and Mortality Weekly Report, volume 47, which specify the most currently accepted effective treatments for sexually transmitted diseases. A copy of the 1998 guidelines is available from the Department of Public Health and Human Services, Health Policy and Services Division, HIV/STD Section, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951, phone: (406)444-3565.

AUTH: 50-1-202, 50-2-118, 50-18-105, MCA

IMP: 50-1-202, 50-2-118, 50-18-102, 50-18-107, MCA

37.114.516 CHOLERA (1) Enteric Infection control precautions must be employed.

AUTH: 50-1-202, 50-2-118, MCA

IMP: 50-1-202, 50-2-118, MCA

37.114.518 COLORADO TICK FEVER (1) Whenever a case of Colorado tick fever occurs:

(a) Blood and body fluid infection control precautions must be employed; and

(2) (b) The infected person must be directed not to donate blood for four months after the date of diagnosis.

AUTH: 50-1-202, 50-2-118, MCA

IMP: 50-1-202, 50-2-118, MCA

37.114.519 CRYPTOSPORIDIOSIS (1) ~~Enteric precautions must be used by a case employed in a sensitive occupation, as described in ARM 37.114.301, until three post-treatment stool specimens collected on three successive days test negative.~~ The local health officer must prohibit an infected person from engaging in a sensitive occupation until symptoms of illness resolve and, if determined necessary by the local health officer, evidence that a stool specimen is clear of the organisms causing cryptosporidiosis is provided.

(2) Sources of infection must be sought, especially in the home, within the family, in food, and in water.

AUTH: 50-1-202, MCA

IMP: 50-1-202, MCA

37.114.521 DIARRHEAL DISEASE OUTBREAK (1) Enteric Infection control precautions must be imposed on persons employed in sensitive occupations.

(2) Enteric Infection control precautions must be imposed until laboratory tests determine the etiologic agent involved, after which control measures must be imposed which are appropriate for that agent and set out in the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", 17th edition, 2000 (18th edition, 2004).

(3) ~~The department hereby adopts and incorporates by reference the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", 17th edition, 2000, which lists and specifies control measures for communicable diseases. A copy of the "Control of Communicable Diseases Manual" may be obtained from the American Public Health Association, 1015 15th Street NW, Washington, DC 20005.~~

AUTH: 50-1-202, 50-2-118, MCA

IMP: 50-1-202, 50-2-118, MCA

37.114.522 DIPHTHERIA (1) For a confirmed case of diphtheria, strict isolation of an infected person must be imposed until two cultures, taken not less than 24 hours apart and not less than 24 hours after cessation of antimicrobial therapy, from nose and throat fail to show diphtheria bacilli; ~~except that upon clinical recovery and when appropriate antibiotics have been used as therapy, respiratory isolation may be imposed instead of strict isolation, ending 14 days after the date administration of antibiotics commenced.~~ Where culture is impractical, isolation may

end after 14 days of appropriate antibiotic therapy.

(2) All household contacts must be placed under quarantine by the local health officer until their nose and throat cultures are negative.

(3) All ~~carriers~~ infectious persons must be treated unless medically contraindicated.

(4) A contact in a sensitive occupation must be excluded by the local health officer ~~or the officer's designee~~ from work until the contact is determined not to be an ~~carrier~~ infectious person.

(5) remains the same.

AUTH: 50-1-202, 50-1-204, 50-2-118, MCA

IMP: 50-1-202, 50-1-204, 50-2-118, MCA

37.114.525 ESCHERICHIA COLI 0157:H7 ENTERITIS (1) ~~Enteric Infection control~~ precautions must be observed.

(2) The local health officer ~~may not allow~~ must prohibit an infected person to ~~engage from engaging~~ in a sensitive occupation ~~as described in ARM 37.114.304~~ until two successive stool specimens collected at least 24 hours apart and not less than 48 hours after cessation of any administration of antimicrobials are culture-negative for escherichia coli 0157:H7 enteritis.

AUTH: 50-1-202, 50-2-118, MCA

IMP: 50-1-202, 50-2-118, MCA

37.114.527 GASTROENTERITIS OUTBREAK (1) ~~Enteric Infection control~~ precautions must be employed until laboratory tests indicate what organism is responsible for the infection, after which control measures must be taken which are specific for the organism in question.

AUTH: 50-1-202, 50-2-118, MCA

IMP: 50-1-202, 50-2-118, MCA

37.114.528 GIARDIASIS (1) ~~Enteric Infection control~~ precautions must be ~~observed~~ used by a case employed in a sensitive occupation until three post-treatment stool specimens collected on three successive days are negative.

(2) An individual employed in a sensitive occupation must be assessed for transmission risk. At the discretion of the local health officer, if the circumstances of the case warrant it (e.g., hygiene factors, food type, population served, etc.), the case may be restricted from employment until stool specimens obtained on three successive days are negative.

(2) remains the same but is renumbered (3).

AUTH: 50-1-202, 50-2-118, MCA

IMP: 50-1-202, 50-2-118, MCA

37.114.530 GONORRHEA (1) A person who contracts genital gonorrhea must be directed to undergo appropriate antibiotic therapy and to avoid sexual

contact until seven days have elapsed since the commencement of effective treatment prescribed by the ~~centers for disease control and prevention~~ Centers for Disease Control and Prevention in the ~~1998 guidelines for treatment of sexually transmitted diseases~~ "Sexually Transmitted Diseases Treatment Guidelines 2002". Individuals who have contracted genital gonorrhea must also be treated for eChlamydia.

(2) The local health officer ~~or the officer's designee~~ must interview an individual who contracts the infection in order to determine the person's sexual contacts, and must ensure that those contacts are examined and receive the medical treatment indicated by clinical or laboratory findings.

(3) ~~The department hereby adopts and incorporates by reference the 1998 guidelines for treatment of sexually transmitted diseases published by the U.S. centers for disease control and prevention in the January 23, 1998, Morbidity and Mortality Weekly Report, volume 47, which specify the most currently accepted effective treatments for sexually transmitted diseases. A copy of the 1998 guidelines is available from the Department of Public Health and Human Services, Health Policy and Services Division, HIV/STD Section, 1400 Broadway, P.O. Box 202951, Helena, MT 59620-2951, phone: (406)444-3565.~~

AUTH: 50-1-202, 50-2-118, 50-18-105, MCA

IMP: 50-1-202, 50-2-118, 50-18-102, 50-18-107, MCA

37.114.534 HANSEN'S DISEASE (LEPROSY) (1) For a case of Hansen's disease, ~~modified isolation~~ infection control precautions must be imposed if the infected person is infectious. The degree of isolation must be determined by the local health officer, who must be advised by a physician specially qualified to manage this disease.

AUTH: 50-1-202, 50-1-204, 50-2-118, MCA

IMP: 50-1-202, 50-1-204, 50-2-118, MCA

37.114.537 HEMOLYTIC UREMIC SYNDROME (1) Whenever a case of hemolytic uremic syndrome occurs:

(a) ~~Enteric~~ Infection control precautions must be observed.

(2) (b) The local health officer may not allow an infected person to engage in a sensitive occupation, ~~as described in ARM 37.114.301~~, until stool specimens are culture-negative for escherichia coli 0157:H7 enteritis.

AUTH: 50-1-202, MCA

IMP: 50-1-202, MCA

37.114.539 HEPATITIS TYPE A (1) For a case of type A hepatitis, ~~enteric~~ infection control precautions must be imposed until five days after the onset of jaundice.

(2) remains the same.

AUTH: 50-1-202, 50-2-118, MCA

IMP: 50-1-202, 50-2-118, MCA

37.114.540 HEPATITIS TYPE B (ACUTE OR CHRONIC) (1) For a case of type B hepatitis:

(a) ~~Blood and body fluid~~ Infection control precautions must be imposed until it is determined that viremia no longer exists.

(b) The local health officer ~~or the officer's designee~~ must identify contacts and advise them how to prevent acquisition of the disease, given the nature of their relationship to the case.

(2) In the event a hepatitis B surface antigen (HbsAg) is positive in a pregnant woman, the local health officer must:

(a) ensure appropriate health care providers and the birthing facility are aware of the mother's status and the infant's need for prophylaxis;

(b) ensure that hepatitis B immunoglobulin (HBIG) and vaccine are readily available at the birthing facility at the expected time of delivery;

(c) confirm the administration of HBIG and vaccine after delivery and submit the report form provided by the department within seven days after delivery and counsel the mother and provider regarding the need for further vaccination and testing;

(d) at one to two months and again at six to seven months after delivery contact the health care provider or guardian of the infant to confirm the vaccine was given and provide an update to the department using a form provided by the department; and

(e) at nine to 15 months after delivery, confirm testing of the infant for the surface antigen and antibody to the hepatitis B virus (HBV), counsel as appropriate, and provide an update to the department using a form provided by the department.

AUTH: 50-1-202, 50-2-118, 50-19-101, MCA

IMP: 50-1-202, 50-2-118, 50-19-101, MCA

37.114.542 HEPATITIS, NON-A-NON-B C (ACUTE OR CHRONIC) (1) ~~For a case of non-A non-B hepatitis, the control standards set out in ARM 37.114.540 for hepatitis, type B, must be followed.~~ The local health officer must ensure that each case:

(a) is counseled regarding prevention of transmission to others and provided with referrals to counseling and medical care as appropriate; and

(b) is encouraged to notify and refer at-risk contacts for testing, or to request assistance of the local public health officer with contact notification.

AUTH: 50-1-202, 50-2-118, MCA

IMP: 50-1-202, 50-2-118, MCA

37.114.548 LEGIONELLOSIS (1) ~~Drainage and secretion~~ Infection control precautions must be observed for each case of legionellosis until that person is treated and his/her discharges are found to be no longer infectious.

AUTH: 50-1-202, 50-2-118, MCA

IMP: 50-1-202, 50-2-118, MCA

37.114.555 MEASLES: RUBEOLA (1) A local health officer or the department shall impose ~~modified isolation consisting of respiratory isolation of~~ infection control precautions on a measles case and quarantine of susceptible contacts whenever a suspected or confirmed case of measles occurs. If isolation and quarantine are imposed, the local health officer shall provide the notice required by ARM 37.114.307 and 37.114.308 and make immunizations available.

AUTH: 50-1-202, 50-1-204, 50-2-118, MCA

IMP: 50-1-202, 50-1-204, 50-2-118, MCA

37.114.557 MENINGITIS: BACTERIAL OR VIRAL (1) A case of aseptic or viral meningitis must be kept in ~~strict~~ isolation during febrile illness or until the existence of bacterial meningitis is ruled out.

(2) Whenever a case of meningococcal meningitis, meningococcemia, or ~~bacterial~~ meningitis resulting from infection with haemophilus influenzae sero-type b occurs:

(a) ~~modified isolation consisting of respiratory isolation, blood and body fluid precautions, and drainage and secretion precautions~~ infection control precautions must be imposed upon the case until 24 hours have passed since the initiation of antibiotic chemotherapy; and

(b) remains the same.

AUTH: 50-1-202, 50-1-204, 50-2-118, MCA

IMP: 50-1-202, 50-1-204, 50-2-118, MCA

37.114.558 MUMPS (1) For a case of mumps, ~~the following measures~~ infection control precautions must be imposed:

(a) ~~drainage and secretion precautions until the fever and swelling of the salivary glands have disappeared; and~~

(b) ~~respiratory isolation~~ for nine days after the onset of swelling parotitis.

AUTH: 50-1-202, 50-2-118, MCA

IMP: 50-1-202, 50-2-118, MCA

37.114.560 OPHTHALMIA NEONATORUM (1) Whenever a case of ophthalmia neonatorum is confirmed:

(a) ~~drainage and secretion~~ infection control precautions must be imposed until 24 hours after administration of an antibiotic; and

(b) and (2) remain the same.

AUTH: 50-1-202, 50-2-118, MCA

IMP: 50-1-202, 50-2-118, MCA

37.114.561 ORNITHOSIS (PSITTACOSIS) (1) Respiratory Infection control precautions must be imposed upon a case of ornithosis as long as the fever lasts.

(2) The local health officer must inquire whether a bird epidemiologically linked to a case of ornithosis was obtained from an aviary, and, if so, determine the location of the aviary and report it to the Montana ~~s~~State ~~v~~Veterinarian, ~~d~~Department of ~~l~~Livestock.

AUTH: 50-1-202, 50-2-118, MCA

IMP: 50-1-202, 50-2-118, MCA

37.114.563 PERTUSSIS (WHOOPING COUGH) (1) ~~Modified isolation consisting of respiratory isolation~~ Infection control precautions must be imposed upon a case of pertussis for five days after the start of antibiotic therapy, or 21 days after the date of onset of symptoms if no antibiotic therapy is given.

(2) remains the same.

(3) A person identified by the local health officer ~~or the officer's designee~~ as a close contact must be monitored by the local health officer ~~or the officer's designee~~ for respiratory symptoms for 20 days after the person's last contact with the case.

(4) If a close contact shows respiratory symptoms consistent with pertussis, the health officer ~~or the officer's designee~~ must order the contact to avoid contact with anyone outside of the contact's immediate family until a medical evaluation indicates that the contact is not developing pertussis.

(5) Surveillance for susceptible contacts must be initiated immediately by the local health officer ~~or the officer's designee~~ and immediate immunizations recommended by the officer ~~or designee~~ must be administered to identified susceptible contacts.

AUTH: 50-1-202, 50-2-118, MCA

IMP: 50-1-202, 50-2-118, MCA

37.114.565 PLAGUE (1) Whenever a case of pneumonic plague exists:

(a) ~~strict~~ isolation must be imposed for no less than three days following commencement of antibiotic therapy to which the infected person responds; and

(b) those who are identified by the local health officer ~~or the officer's designee~~ as having been in household or face-to-face contact with the case must be placed on chemoprophylaxis and kept under surveillance by the local health officer ~~or the officer's designee~~ for seven days, or, if they refuse chemoprophylaxis, be kept in ~~strict~~ isolation with careful surveillance for seven days.

(2) Whenever a case of bubonic plague exists, ~~drainage and secretion~~ infection control precautions must be imposed until antibiotic therapy has been terminated and the lesions are bacteriologically negative for plague bacilli.

(3) Concurrent disinfection of discharges and bodily fluids must be done in all plague cases.

(4) An investigation must be conducted by the local health officer ~~or the officer's designee~~ to identify vectors and reservoirs whenever a case of bubonic plague exists.

AUTH: 50-1-202, 50-1-204, 50-2-118, MCA

IMP: 50-1-202, 50-1-204, 50-2-118, MCA

37.114.566 POLIOMYELITIS (1) For a case of poliomyelitis, ~~modified isolation consisting of enteric~~ infection control precautions must be imposed for seven days from the onset of illness, or for the duration of fever, if longer.

(2) The local health officer ~~or the officer's designee~~ must initiate surveillance for susceptible contacts and recommend immunization to them immediately.

AUTH: 50-1-202, 50-2-118, MCA

IMP: 50-1-202, 50-2-118, MCA

37.114.568 Q-FEVER (QUERY FEVER) (1) Whenever a case of Q-fever occurs:

(a) ~~Respiratory~~ infection control precautions must be used; and

(2) ~~(b) Bodily fluid discharges~~ must be concurrently disinfected.

AUTH: 50-1-202, 50-2-118, MCA

IMP: 50-1-202, 50-2-118, MCA

37.114.570 RABIES: HUMAN (1) For a case of human rabies, ~~strict~~ isolation must be imposed for the duration of the illness.

AUTH: 50-1-202, 50-1-204, 50-2-118, MCA

IMP: 50-1-202, 50-1-204, 50-2-118, MCA

37.114.573 ROCKY MOUNTAIN SPOTTED FEVER (1) ~~Ticks removed from a case must be destroyed by chemical or physical means which entirely dispose of the tick while avoiding skin contact.~~ The local health officer must conduct an investigation to determine the specific geographic areas of potential exposure and report the results to the department.

AUTH: 50-1-202, 50-2-118, MCA

IMP: 50-1-202, 50-2-118, MCA

37.114.575 RUBELLA: CONGENITAL (1) ~~Modified isolation consisting of respiratory isolation~~ Infection control precautions must be imposed on any person with congenital rubella during the time they are hospitalized.

(2) The local health officer ~~or the officer's designee~~ must identify any susceptible contact of the person with congenital rubella, to the extent possible, and encourage them to undergo rubella immunization if not already immune.

AUTH: 50-1-202, 50-2-118, MCA

IMP: 50-1-202, 50-2-118, MCA

37.114.577 SALMONELLOSIS (OTHER THAN TYPHOID FEVER) (1) remains the same.

(2) Whenever a case of salmonellosis exists:

(a) ~~enteric~~ infection control precautions must be imposed upon the case for

the duration of the illness;

(b) the local health officer ~~or the officer's designee~~ must prohibit the case from engaging in a sensitive occupation until two successive specimens of the case's feces have been determined by a laboratory to be negative for salmonella organisms, the first specimen of which is collected at least 48 hours after cessation of the therapy and the second not less than 24 hours thereafter; and

(c) stool cultures must be made for any family contacts of a case who are identified by the local health officer ~~or the officer's designee~~ and who are themselves involved in a sensitive occupation, ~~if~~. If the culture is positive for salmonella, the contact is subject to the requirements of (2)(a) and (b) above.

AUTH: 50-1-202, 50-2-118, MCA

IMP: 50-1-202, 50-2-118, MCA

37.114.579 SHIGELLOSIS (1) For a case of shigellosis, ~~enteric infection~~ infection control precautions must be imposed for the duration of the illness.

(2) remains the same.

AUTH: 50-1-202, 50-2-118, MCA

IMP: 50-1-202, 50-2-118, MCA

37.114.588 TULAREMIA (1) ~~Drainage and secretion~~ Infection control precautions must be followed whenever open lesions exist or lacrimal sacs are draining (i.e., tears are produced).

AUTH: 50-1-202, 50-2-118, MCA

IMP: 50-1-202, 50-2-118, MCA

37.114.589 TYPHOID FEVER (1) remains the same.

(2) (a) ~~Enteric Infection control~~ precautions must be imposed until specific therapy for the fever has been completed and no fewer than three successive specimens of feces have been found negative for typhoid organisms, the first of which is taken one month after therapy is discontinued and followed by the other two at no less than one-week intervals.

(3) (b) The local health officer may not allow an infected person to engage in a sensitive occupation until ~~modified isolation~~ infection control precautions have ~~has~~ been terminated in accordance with (2) ~~of this rule~~ (1)(a).

AUTH: 50-1-202, 50-2-118, MCA

IMP: 50-1-202, 50-2-118, MCA

37.114.591 YELLOW FEVER (1) ~~Blood and body fluid~~ Whenever a case of yellow fever occurs, infection control precautions must be followed.

AUTH: 50-1-202, 50-2-118, MCA

IMP: 50-1-202, 50-2-118, MCA

37.114.592 YERSINIOSIS (1) ~~Modified isolation consisting of enteric~~
Whenever a case of yersiniosis occurs, infection control precautions must be imposed.

AUTH: 50-1-202, 50-2-118, MCA

IMP: 50-1-202, 50-2-118, MCA

37.114.595 ILLNESS IN TRAVELER FROM FOREIGN COUNTRY

(1) Isolation and quarantine must be imposed until the etiologic agent of the disease is determined, at which point control measures must be imposed which are prescribed for that etiologic agent in the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", ~~17th edition, 2000~~ (18th edition, 2004).

~~(2) The department hereby adopts and incorporates by reference the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", 17th edition, 2000, which lists and specifies control measures for communicable diseases. A copy of the "Control of Communicable Diseases Manual" may be obtained from the American Public Health Association, 1015 15th Street NW, Washington, DC 20005.~~

AUTH: 50-1-202, 50-1-204, 50-2-118, MCA

IMP: 50-1-202, 50-1-204, 50-2-118, MCA

37.114.1002 TUBERCULOSIS: COMMUNICABLE STATE (1) A person has communicable tuberculosis if one of the following conditions exists:

(a) and (b) remain the same.

(c) in the case of extrapulmonary tuberculosis, drainage from the extrapulmonary site is not being disposed of in accordance with ~~drainage and secretion~~ infection control precautions.

~~(2) For purposes of this rule, a~~ A person diagnosed as having communicable tuberculosis will continue to be regarded as having communicable tuberculosis until:

(a) through (c) remain the same.

(d) in the case of extrapulmonary tuberculosis, drainage from the extrapulmonary site is disposed of according to ~~drainage and secretion~~ infection control precautions.

AUTH: 50-1-202, 50-17-103, MCA

IMP: 50-1-202, 50-17-103, MCA

37.114.1005 ISOLATION OF CASE: TESTING AND QUARANTINE OF CONTACTS (1) ~~Tuberculosis isolation as defined in ARM 37.114.104~~ must be imposed ~~by the department or the local health officer~~ upon a case of communicable tuberculosis until the infected person is determined by the department or local health officer to be no longer communicable.

(2) and (3) remain the same.

AUTH: 50-1-202, 50-1-204, 50-2-118, 50-17-103, MCA

IMP: 50-1-202, 50-1-204, 50-2-118, 50-17-102, 50-17-103, 50-17-105,
MCA

4. Title 37, chapter 114 of the Administrative Rules of Montana (ARM) provides detailed information regarding appropriate practices for control of communicable diseases in the state of Montana, as contemplated by state statutes. The Department of Public Health and Human Services (the department) proposes these new rules and modifications to existing rules to improve communicable disease control and reporting practices across Montana, and to bring required practices in line with national standards and best medical practices as determined on a national basis.

In recent years, the recognition of new communicable diseases and the reemergence of others previously considered to be controlled, as well as concern for the potential use of communicable diseases for bioterrorist activities, have necessitated new and/or renewed efforts in identification and control of certain communicable diseases. At the same time, health care and public health practices for optimal identification and control of communicable diseases continue to evolve. Because appropriate public health practices are significantly determined by application of standards adopted by nationally recognized authorities, and by application of best practices developed in the medical community, the ARM must be reviewed and updated periodically to ensure conformity of public health practices in Montana with the standard of care for communicable disease control.

Ultimately, the department believes that periodic review and updating of these rules, taking into consideration current "best practices" in the public health arena, is reasonably necessary to ensure the department continues to fulfill its obligation to provide the greatest possible protection of the public health in the state of Montana. Failure by the department to remain current in the objectives and methodologies of public health practice, and to adopt and enforce rules commensurate with those objectives and methodologies, could result in an inadequate response to occurrences of communicable disease, including instances of widespread exposure due to bioterrorist activity.

RULE 1 – Chickenpox (Varicella)

The national Centers for Disease Control and Prevention ("CDC") has established guidelines to track better the use and effectiveness of the varicella vaccine. Further, the availability of an effective vaccine provides an opportunity for effective prevention of varicella that was not available in the past. Therefore, the department recommends the addition of varicella as a reportable condition, and has developed reasonable control measures designed to minimize the transmission of varicella.

The department considered not specifying reporting and control measures for varicella, but believes it would be unreasonable not to establish minimum requirements for identification and control of varicella, including provision of varicella vaccine, to those citizens of Montana identified as susceptible and likely exposed to

varicella. While varicella has typically been perceived to be a relatively minor childhood illness, for a certain percentage of individuals infected with the virus, varicella can lead to severe medical complications, physical impairments, and, in some cases, death. Therefore, the department believes responsible public health regulation mandates these reasonable practices for reporting and control of varicella. Further, this proposed rule will result in a standardized approach to case investigation and data collection, further resulting in reliable data submissions to the department and, ultimately, to the CDC.

RULE II – Severe Acute Respiratory Distress Syndrome (SARS)

SARS is a communicable disease with significant potential for severe medical manifestation and death. SARS has emerged in clusters in various parts of the world in the last several years. Therefore, the CDC has strongly recommended the addition of SARS as a reportable condition with implementation of immediate control measures to prevent spread of the disease from a suspected or confirmed case. The proposed control measures are reasonably necessary to identify and control the spread of this virulent disease, and are in line with national guidelines for reporting and control of SARS.

The department considered not specifying reporting and control measures for SARS, or specifying measures that were less stringent in application, but determined that the best interests of the citizens of Montana would only be served by a public health system that makes full efforts to identify suspected or confirmed cases of SARS and implements control measures commensurate with the virulence of the disease.

RULE III – Smallpox

Smallpox is a severe, highly transmissible, communicable disease with significant potential for severe medical manifestation, lifelong physical disfigurement, and death. While naturally occurring smallpox was eradicated through a concerted immunization effort in the U.S. and in the world during the last century, recent concern for the potential use of smallpox for bioterrorism activities has resulted in a renewed recommendation from the CDC for the reporting of and development of control measures related to suspected or confirmed cases of smallpox. The existence of an effective vaccine, which may provide immunity to those exposed to a suspected or confirmed case, necessitates development of reporting and control practices that expeditiously identify a suspected or confirmed case and those individuals who may have been exposed to the case.

The department considered not specifying control measures for smallpox, or, in the alternative, prescribing control measures that were less stringent in application. However, based on the virulence of the disease, and the potential damage to be caused by an outbreak, as well as the existence of an effective treatment protocol – the immunization of exposed individuals, the department believes the control measures outlined are reasonably necessary. The control measures provide for timely identification of suspected or confirmed cases of smallpox and those

individuals potentially exposed to those cases in order that immunization may be offered in time to prevent disease in exposed persons and further transmission of the disease.

RULE IV – Incorporation by Reference

This rule has been added to provide a single location for incorporation by reference of the public health standards sources utilized by the department. The sources incorporated by reference are: the "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association", (18th edition, 2004), which lists and specifies control measures for communicable diseases; the "Guideline for Isolation Precautions in Hospitals" (1996), which specifies precautions that should be taken to prevent transmission of communicable diseases for cases admitted to a hospital or other health care facility; and the "Sexually Transmitted Diseases Treatment Guidelines 2002" published by the U.S. Centers for Disease Control and Prevention in the May 10, 2002, Morbidity and Mortality Weekly Report, volume 51, which specify the most currently accepted effective treatments for sexually transmitted diseases.

The "Control of Communicable Diseases Manual, An Official Report of the American Public Health Association," (18th edition, 2004), is an updated reference to the most current edition of the manual. The manual is a publication of the American Public Health Association and serves as the standard public health reference for state and local public health agencies throughout the country. Use of this reference helps ensure that health care practitioners and public health professionals are uniformly and consistently applying best practices to control the spread of communicable diseases.

The "Guideline for Isolation Precautions in Hospitals" has also been updated to the most current publication of the Guidelines. The Guideline establishes the national standard for infection control precautions for cases admitted to a hospital or other health care facility. As well, the "Sexually Transmitted Diseases Treatment Guidelines 2002" establish the current understanding of best medical practices related to the treatment of sexually transmitted diseases.

All of these standards sources have long been employed by the department in establishing internal practices, as well as determining administrative rules for communicable disease control. However, the citation and incorporation by reference of these standards sources in current rules occur in every specific rule in which compliance with the specific source is mandated. The department believes, upon review, that a single incorporation by reference provision, and consequent removal of incorporation by reference in each specific rule to which it is applicable, provides a more practical, understandable format for cross-reference to the standards sources.

The following rules have been modified to conform to this general revision: ARM 37.114.315; 37.114.515; 37.114.521; 37.114.530; and 37.114.595.

ARM 37.114.101 – Definitions

A number of definitions related to infection control measures and isolation settings were removed from this rule, and reference to those defined terms was modified within the substantive rules as indicated below. The deleted definitions include:

"Blood and Body Fluid Precautions;"
"Drainage and Secretion Precautions;"
"Enteric Precautions;"
"Modified Isolation;"
"Respiratory Isolation;"
"Strict Isolation;" and
"Tuberculosis Isolation;"

In the current rules, these various terms are used to describe two fundamental concepts. First, the rules indicate that for certain communicable diseases, isolation of an infected person is required. Isolation, simply, is the separation of an infected person from other persons in order to prevent the transmission of disease from an infected person to a noninfected person. Second, the rules identify "infection control precautions" that must be employed to prevent the spread of disease from one person to another. In general, these precautions are determined on a disease-by-disease basis, and are based on the specific infectious agent - its infection progression, its standard means of transmission from one person to another, and its virulence.

As a result of dated terminology and potential conflicts between sources cited, consistent application of the control measures listed in the existing rules can be problematic. First, there is not a clean dividing line between isolation and the infection control measures detailed. The current definitions of "modified isolation," "respiratory isolation," "strict isolation," and "tuberculosis isolation" include isolation provisions – identifying the requirement for separation of an infected person from other persons – as well as infection control precautions provisions – identifying the steps necessary to be taken to prevent transmission of the disease from one person to another, regardless of the level of isolation in specified settings.

Second, the current rules attempt to provide direction on isolation and infection control precautions by cross referencing the "Guideline for Isolation Precautions in Hospitals" ("Guideline") and the "Control of Communicable Diseases Manual" ("CCDM"). In addition to these references, additional requirements for isolation and infection control precautions are listed in many instances. As the Guideline and CCDM have been updated, the rules have not consistently been modified to reflect changes in terminology or infection control precautions. This has resulted in procedures that may not be reflective of the current Guideline/CCDM, best medical practices, or best public health practices.

Lastly, many of the specific requirements set forth in the existing rules may already be referenced by the Guideline/CCDM requirements, or may be additional steps deemed reasonable and necessary by the drafters of the rules. As a result, isolation

and/or infection control precautions referenced or stated may be redundant or contradictory. For these reasons, the department believes it is necessary to modify the rules to provide a rational, understandable, consistent method of describing the isolation and infection control precautions applicable to each communicable disease.

National standards for infection control precautions in circumstances where the infected person is admitted to a hospital or other health care facility are established by the CDC and published by the Government Printing Office as the "Guideline for Isolation Precautions in Hospitals." National standards for infection control precautions in circumstances where the infected person is not admitted to a hospital or other health care facility are established by the American Public Health Association and published as the "Control of Communicable Diseases Manual." These two resources represent the practice standard for infection control precautions in the medical and public health communities, and are defined and incorporated by reference, as discussed below, in Title 37, chapter 114 of the ARM.

The format of these proposed rules removes internal definition and description of infection control measures in favor of the application of the national standard infection control precautions as set forth in the Guideline/CCDM. This objective is realized through use, in these proposed rules, of the single defined term, "infection control precautions," which definition cross-references the Guideline and the CCDM. These modifications will result in a clearer statement of expectations without materially changing the source of expertise and guidance on infection control measures for the public health community or the medical community. A reference to "infection control precautions," as used in these rules, is a reference to either the specific "isolation precautions" set forth in the Guideline, or the specific "measures for control" set forth in the CCDM.

Again, a public health or health care practitioner will apply the standards set forth in the Guidelines for infected persons admitted to a hospital or other health care facility, and will apply the standards set forth in the CCDM for infected persons not admitted to a hospital or other health care facility. For those persons admitted to a hospital or other health care facility, the applicable infection control precautions would be those practices identified in the Guideline as the "isolation precautions" applicable to the specific disease or condition being treated. For those persons not admitted to a hospital or other health care facility, the applicable infection control precautions would be those practices identified in the CCDM as the "methods of control" applicable to the specific disease or condition being treated.

The department considered continuing the current practice of internally describing specific infection control measures, along with the incorporation by reference of the Guideline/CCDM. In the alternative, the department considered trying to draft, in rules, the specific sequence of infection control measures applicable to each disease. However, the Guideline/CCDM provide parameters for infection control measures that are not static, specific steps to be followed on a disease by disease basis, but, rather, fluid and dynamic determinations of required behavior based on the specific circumstances of a particular case. It would not be feasible to draft rules

for infection control precautions specific to each disease, as the circumstances of a specific case are not defined only by the disease condition afflicting the patient. Such rule drafting would almost certainly continue to result in confusing and contradictory application of requirements.

A significant number of rules have been modified to conform to this new format for identifying isolation and isolation precaution requirements. The modified rules are: ARM 37.114.503; 37.114.504; 37.114.506; 37.114.509; 37.114.510; 37.114.516; 37.114.518; 37.114.521; 37.114.525; 37.114.527; 37.114.528; 37.114.537; 37.114.539; 37.114.540; 37.114.548; 37.114.557; 37.114.558; 37.114.560; 37.114.561; 37.114.565; 37.114.566; 37.114.568; 37.114.577; 37.114.579; 37.114.588; 37.114.589; 37.114.591; 37.114.592; 37.114.1002; and 37.114.1005.

The definition of carrier has been deleted to align the rules to the terminology currently used in the public health and health care fields. The term carrier is no longer used to identify a person who is a potential source of infection to other persons. Further, as used in the rules (carrier is used only in ARM 37.114.522 – the rule pertaining to control measures for diphtheria), the intended meaning of the term carrier is more appropriately expressed through use of the defined term infectious person.

The department considered not deleting the defined term carrier. However, the department believes the inherent credibility of the communicable disease rules is best served by keeping the rules current with the terminology and practices of the public health and health care communities. To do otherwise would tend to indicate that the rules are not current, vital components of public health practice.

The definition of sensitive occupation is related to ARM 37.114.301, the substantive rule related to occupations that are deemed to be sensitive for public health purposes. Currently, the definition of sensitive occupation, in ARM 37.114.101, does not include all of the occupations identified as sensitive in ARM 37.114.301. Because many of the rules specifying control measures for certain communicable diseases include limitations on a case's ability to work in a sensitive occupation by reference to either or both ARM 37.114.101 and 37.114.301, the department believes the definition and the rule should both be complete and consistent in their identification of sensitive occupations.

A definition of "Control of Communicable Diseases Manual" has been added as has a definition of the "Guideline for Isolation Precautions in Hospitals," and a definition of the "Sexually Transmitted Diseases Treatment Guidelines 2002."

A definition of "local health officer" has been added. The definition comports with the definition of the same term in state statute, and, as used in the ARM, the term "local health officer" includes an authorized representative of a local health officer. Currently, many of the rules identify responsibilities of local health authorities by assigning duties under the rules to the "local health officer or officer's designee." Since many duties identified under the rules are the obligation of the local health

officer to perform, the term appears many times within the rules. The department believes that defining the term "local health officer," which term will include any authorized designee of the local health officer, makes the rules far more readable and understandable. Since the statutory statement of a local health officer's authority specifically includes the right of a local health officer to act through an authorized representative in the performance of the health officer's duties, the inclusion of authorized representatives in the definition of "local health officer" does not conflict with statutory expectations. Further, such definition prevents confusion in circumstances where the rules reference only the local health officer as opposed to the local health officer or the officer's designee.

The department considered continuing to use the term "local health officer or officer's designee" to identify the class of persons with duties to perform certain functions under these rules. However, the department determined that such continued use would make these rules more burdensome to read, and would result in significant potential for confusion in that rules that refer only to the "local health officer" could be read to prohibit action by an authorized representative of the local health officer, when no such outcome is intended either in the rules or in the underlying statutes. The following rules have been modified to conform to this general revision: ARM 37.114.204; 37.114.314; 37.114.515; 37.114.522; 37.114.530; 37.114.540; 37.114.566; 37.114.577; and 37.114.1005.

In other places, minor changes were made within definitions to clarify the meaning, intent, and application of those terms within these rules.

ARM 37.114.201

This rule was modified, deleting an abbreviated reporting process that had been applicable to HIV/AIDS, influenza, and Colorado tick fever. All of these conditions are included in the list of reportable diseases set forth in ARM 37.114.203, but for various reasons related to patient confidentiality and/or a desire to mandate a less burdensome reporting requirement for these specific conditions, an alternate process for reporting was, over time, drafted into ARM 37.114.201. As currently drafted, this abbreviated reporting process does not allow for accurate tracking or characterization of cases of HIV/AIDS, influenza, and Colorado tick fever. The department believes the proposed change, which requires reporting of these conditions in the same manner as other reportable conditions, will allow more accurate data to be collected with a minimal impact on reporting sources and health agencies, and will simplify reporting procedures.

The department considered continuing the current reporting processes, but determined that continued use of the abbreviated reporting process, and the resulting potential for difficulties in tracking or inconsistencies in information provided would render the department less able to identify significant public health concerns related to these conditions in a timely manner, and could delay appropriate response by the department.

ARM 37.114.203

A number of conditions have been added to the list of conditions required to be reported to local health officers and/or the department. The additions include chickenpox (varicella), smallpox, and severe acute respiratory syndrome (SAR). These conditions are also the subject matter of new specific rules, Rules I, II, and III as discussed above. The rationales for their addition to the list of reportable conditions are the same as the rationales for proposal of Rules I, II, and III, as fully presented previously in this rationale.

Also added to the list of reportable conditions are transmissible spongiform encephalopathies and tick-borne relapsing fever. For both of these conditions, responsible public health policy mandates monitoring of cases in order to identify trends in the number of cases, identify potential infection sources, and provide adequate instruction regarding prevention and control of the diseases. Further, transmissible spongiform encephalopathies are conditions of significant interest to the public (due to recent concerns for mad cow disease) with a significant potential for public concern. The department believes that human cases of transmissible spongiform encephalopathies must be reported to the department in a timely manner in order for the department to respond to public concerns related to this disease. Timely and appropriate identification, investigation, and intervention related to these diseases is only possible if cases are properly reported to the department.

The department considered not requiring reporting of these diseases, but determined that the public health risks associated with these diseases, and the need and ability to provide adequate public health response in a timely manner, including response necessary to calm public fears, necessitates listing of these diseases as reportable conditions.

ARM 37.114.204

This rule identifies appropriate timeframes for subsequent reporting by local health officers, and direct reporting by certain other health care entities, to the department of cases of reportable diseases. Modifications were made to effectuate the standardization of reporting requirements related to Colorado tick fever and influenza with those related to all other reportable conditions. Other changes for the same purpose, and the rationale for the changes, are discussed above in the section pertaining to ARM 37.114.201.

A modification was made to move Tularemia from a periodic reporting requirement to an immediate reporting requirement. This change is due to concern for Tularemia's potential use as a bioterror agent. In order to ensure timely investigation of potential bioterror activities, the department believes that cases of Tularemia need to be reported as quickly as possible.

A modification was made to include hepatitis B surface antigen tests as a condition reportable to the department by laboratories. Additional changes related to reporting

and control of hepatitis B are discussed below in the section regarding ARM 37.114.540. Addition of hepatitis B surface antigen tests to the reporting requirements is fundamental to the objective and rationale discussed in that section.

ARM 37.114.205

This rule identifies the data elements required to be included in a report required pursuant to ARM 37.114.201 through 37.114.204. Minor changes were made to comply with state policies related to a rule's internal reference to other sections of the same rule.

Other modifications were made to eliminate an alternative method of reporting cases of HIV infection or AIDS. The alternative report requirements mandated the removal of patient names, and their replacement by a unique identifying number, in reports of HIV/AIDS. The alternative reporting process was created at a time when absolute confidentiality of HIV/AIDS testing was necessary to encourage testing. However, the CDC now recommends name-based reporting of cases of HIV infection and AIDS. These modifications standardize the report contents for cases of HIV/AIDS with all other reportable conditions, and comply with current CDC recommendations.

The department considered continuing the current reporting of HIV/AIDS cases, but since the department is required to report HIV/AIDS cases to the CDC accurately, and is encouraged to make such reports in a name-based format, continued use by the department of the nonname-based reporting process would not allow the department to provide information to the CDC in an accurate format.

ARM 37.114.313

This rule requires a local health officer to provide a biological specimen to the department to confirm the existence or absence of certain diseases upon receipt of a report of a suspected case. Modifications have been made to add smallpox and severe acute respiratory syndrome (SARS) to the list of diseases that must be confirmed. The virulence of these diseases and their potential impact to public health necessitate immediate confirmation of a suspected case of disease. Confirmation of either disease may require highly specialized laboratory services, and may involve submission of specimens to the CDC. Timely submission of a specimen to the department is imperative to timely confirmation of cases of disease, and to an appropriate public health response to confirmed cases.

The department considered not adding smallpox and SARS to the list of diseases required to be confirmed by submission of a specimen, but determined that failure to provide a specimen where a suspected case is identified would result in delayed confirmation of cases. In the case of smallpox and SARS, any delay in confirmation of a case could result in increased risk of exposure and infection to those persons who are or have been in contact with the person suspected to be infected. Because of the virulence of these diseases, any delay could result in an unacceptable increase of risk to the public health.

ARM 37.114.506

This provision identifies the primary control measures required in cases of anthrax. Modifications were made to require formal investigation of every confirmed or suspected case of anthrax. The department believes that, as a potential bioterrorism agent, anthrax cases must be investigated thoroughly to determine possible sources of infection and/or rule out bioterrorist activities.

The department considered not imposing the investigation requirement, but determined that emerging national requirements related to bioterrorism investigation and prevention will or do impose a requirement for such investigation. Further, the department believes that responsible conduct of public health activities necessitates efforts to identify anthrax exposure due to bioterrorist activities, as such activities will likely result in more cases of disease than exposure to naturally occurring anthrax.

ARM 37.114.509

This provision identifies the primary control measures required in cases of brucellosis. Modifications were made to require formal investigation of every confirmed or suspected case of brucellosis. The department believes that, as a potential bioterrorism agent, brucellosis cases must be investigated thoroughly to determine possible sources of infection and/or rule out bioterrorist activities.

The department considered not imposing the investigation requirement, but determined that emerging national requirements related to bioterrorism investigation and prevention will or do impose a requirement for such investigation. Further, the department believes that responsible conduct of public health activities necessitates efforts to identify brucellosis exposure due to bioterrorist activities, as such activities will likely result in more cases of disease than exposure to naturally occurring brucellosis.

ARM 37.114.510

This provision identifies the primary control measures required in cases of Campylobacter Enteritis. Modifications were made to clarify the conditions under which a person may return to work in a sensitive occupation following a diagnosis of Campylobacter Enteritis. The modified rule gives a local health officer greater flexibility to require testing prior to a return to work and clarifies that one clear stool specimen is sufficient to allow a return to work.

The department considered not modifying this rule. However, questions have arisen in the past regarding how many clear specimens are required to allow a case to return to work in a sensitive occupation. The department believes that local health officers can best determine when symptoms of illness resolve, and, if a stool specimen is deemed necessary by the public health officer, one clear stool specimen is sufficient to establish a resolution of symptoms. Not modifying this rule

would lead to continued confusion regarding its appropriate application.

ARM 37.114.519

This provision identifies the primary control measures required in cases of Cryptosporidiosis. As the rule currently exists, there is no express authority for a local health officer to prohibit an infected person from working in a sensitive occupation. Modifications were made deleting specific isolation precautions applicable to this condition, and additional modifications were made requiring a local health officer to prohibit an infected person from working in a sensitive occupation until symptoms of illness resolve, and to require a clear stool specimen prior to allowing a case to return to work.

The department considered not modifying this rule. However, the department believes this condition to be of sufficient virulence that allowing an infected person to continue working in a sensitive occupation is not commensurate with responsible public health practice. The department further believes that proof of noncommunicability, in the form of a clear stool specimen, if deemed necessary by a local health officer, is sufficient to ensure that persons working in sensitive occupations who have been diagnosed with Cryptosporidiosis are no longer infectious before returning to work.

ARM 37.114.525

This provision identifies the primary control measures required in cases of Eschichia Coli 0157:H7 Enteritis. Minor modifications were made to clarify that local health officer must prohibit an infected person from engaging in a sensitive occupation. This modification does not change the intended effect of this rule, but clarifies language that could otherwise have been construed to give a local health officer discretion to allow an infected person to engage in a sensitive occupation prior to a conclusive determination that the person is no longer contagious. As well, the current rule prohibits a case from working in a sensitive occupation "until stool specimens" are culture-negative for escherichia coli 0157:H7 enteritis. The modified rule clarifies the ambiguous reference to stool specimens by specifying that two successive stool specimens collected at least 24 hours apart and not less than 48 hours after cessation of any administration of antimicrobials must be culture-negative before the case may be allowed to return to work. The department believes this standard comports with current medical standards for determining that a person diagnosed with this disease is no longer contagious, and application of this specific standard remedies the ambiguity of the current rule.

The department considered not modifying this rule, or, in the alternative, modifying the rule in a less stringent manner. However, the department determined that the virulence of this disease necessitates application of strict constraints related to infected persons who work in sensitive occupations.

ARM 37.114.528

This provision identifies the primary control measures required in cases of Giardiasis. Language has been added that require local health officers to assess cases employed in sensitive occupations for transmission risk, and gives them authority to restrict a case from working in a sensitive occupation until proof is obtained that the person is no longer contagious.

The department considered not modifying this rule. However, the department believes that this condition is of sufficient virulence that it is appropriate in some circumstances to prohibit an infectious person from working in a sensitive occupation. The department also believes that local health officers can best determine when the circumstances of a specific case necessitate prohibition from work, and when the circumstances of a specific case no longer pose a threat to public health so that a return to work is appropriate.

ARM 37.114.540

This provision identifies the primary control measures required in cases of hepatitis B (acute or chronic). Significant modifications were made to implement procedures for appropriate follow-up to a positive prenatal hepatitis B surface antigen test. The Montana Legislature added the hepatitis B surface antigen test to the standard serological test required to be performed on every woman receiving prenatal care by modification of section 50-19-101 of the Montana Code Annotated in 2001. The modifications to this rule ensure that appropriate follow-up care of an infant born to a mother with a positive test result will be provided, by administration of hepatitis B immunoglobulin and vaccine.

The department considered not revising this rule, but determined that failure to provide for appropriate care of an infant following a positive test of the infant's mother for hepatitis B surface antigens would result in unnecessary health risks to newborn infants where effective treatment regimens exist. Further, failure to implement rules for treatment of infants would be antithetical to the purpose for the inclusion of the hepatitis B surface antigen test in the prenatal standard serological test.

ARM 37.114.542

This provision identifies the primary control measures required in cases of hepatitis C (acute or chronic). The modified rule requires counseling of persons with hepatitis C regarding prevention of transmission of the disease to others, and to encourage them to notify contacts about transmission risks and the availability of testing.

The department considered not modifying this rule, but determined that responsible public health practice mandates reasonable efforts to educate persons infected with hepatitis C in methods to prevent transmission of the disease to others, and some attempt to influence the infected person to notify contacts of the infection risk and the availability of testing.

ARM 37.114.557

This provision identifies the primary control measures required in cases of meningitis: bacterial or viral. Modifications were made to clarify which bacterial agents are of interest from a public health perspective as causes of meningitis. Only the specifically identified invasive bacterial agents of meningitis pose sufficient risks of communicability as to necessitate public health intervention.

The department considered not modifying this rule, but determined that nonspecific designation of meningitis as a public health concern results in increased workload for the public health community without a commensurate public health benefit.

ARM 37.114.573

This provision identifies the primary control measures required in cases of Rocky Mountain spotted fever. Modifications were made to delete the requirement that ticks be destroyed. In some cases, submission of ticks for further study to the department or other research facility is necessary.

Language was also added requiring local health officers to investigate to determine the specific geographic location of exposure of a case. Many people are able to identify the geographic location they believe was the site of exposure, and gathering this information will assist public health authorities to provide education regarding exposure risks and exposure prevention to persons using those areas.

The department considered not modifying this rule but determined that the modifications are necessary to facilitate full evaluation of specific instances of exposure, and to facilitate effective public outreach to prevent cases of Rocky Mountain spotted fever.

Other Modifications

Other minor modifications have been made within these rules to conform the rules to the requirements of the Secretary of State regarding rule drafting, including but not limited to, formatting, numbering, capitalization, hyphenation, and internal reference to other provisions/rules. These modifications are not substantive and do not modify the meaning or intent of the rules.

5. Interested persons may submit their data, views, or arguments either orally or in writing at the hearing. Written data, views, or arguments may also be submitted to Dawn Sliva, Office of Legal Affairs, Department of Public Health and Human Services, P.O. Box 4210, Helena, MT 59604-4210, no later than 5:00 p.m. on July 20, 2006. Data, views, or arguments may also be submitted by facsimile (406)444-1970 or by electronic mail via the Internet to dphhslegal@mt.gov. The department also maintains lists of persons interested in receiving notice of administrative rule changes. These lists are compiled according to subjects or

programs of interest. For placement on the mailing list, please write the person at the address above.

6. The Office of Legal Affairs, Department of Public Health and Human Services has been designated to preside over and conduct the hearing.

/s/ Denise Pizzini
Rule Reviewer

/s/ Russell Cater for
Director, Public Health and
Human Services

Certified to the Secretary of State June 12, 2006.